U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6 36 2	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Mark J Lutter	Name Plumbers & Steamfitters Local Union #33
	Labor Organization File Number 026-728
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 540 31st	Street 2501 Bell Avenue
City West Des Moines	City Des Moines
State IOwa ZIP Code + 4 50	0265 State Iowa ZIP Code + 4 50321
5. Position in labor organization. Vice-President	
nonetary value from an employer whose employees your services. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	loans) with, or derived income or other economic benefit of our organization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Production of the Contract of	
	7.b. Amount.
Street City State ZIP Code + 4	7.5. Amount.
City	7.5. Amount.
City State ZIP Code + 4 15. Signature and verification. The undersigned declares we	Signature Inder penalty of Perjury and other applicable penalties of the law, that all of the information

Name of Person Filing Mark Lutter	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or othe of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Plumbers & Steamfitters LU#33 JATC	a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 2501 Bell Avenue City Des Moines				
City Des Moines State Iowa ZIP Code + 4 50321				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Wages, benefits and reimburseable expenses received as employee from business.			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing. \$91,636			
City	11.b. Approximate dollar value of such dealing. \$91,636			
State ZIP Code + 4	Table. Nature of interest field of income received.			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			